

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-0504**

**PRIVACY ACT RELEASE**

Name: \_\_\_\_\_

Home Address (Street, City, State and Zip)

\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Involved: \_\_\_\_\_

Case # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # or Alien Registration #: \_\_\_\_\_

Have you contacted another congressional office regarding this matter: \_\_\_\_\_

If "yes" to the above question, which office and when: \_\_\_\_\_

**Important: Please provide us with a letter detailing the nature of your issue with the federal agency involved. Please also include copies of supporting documentation regarding your case including correspondence from the involved federal agency.**

\_\_\_\_\_  
*In accordance with Title 5, Section 552 (a), of the United States Code (Privacy Act of 1974), I hereby authorize Congressman Tom McClintock or his designated representative to request assistance on my behalf and to discuss my records with the federal agency involved.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Remit to:  
Office of Congressman Tom McClintock  
8700 Auburn-Folsom Road, Suite 100  
Granite Bay, CA 95746